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ABSTRACT

This curriculum guide proposes competency areas, goals, and objectives for the interdisciplinary training of health and social service undergraduate, graduate, and postgraduate students by faculty members responsible for teaching courses about the care of the elderly and their families. Various levels of student involvement are outlined and explained. Six goals are presented which reflect the basic competencies expected of a student who works with the elderly and are concerned with aging, chronic illness, provider-patient relationship, health promotion, professional collaboration, and the provision of health and social services. Objectives for each goal are identified as knowledge, skills, or values. The needs of the chronically impaired elderly are presented as the major foci of these goals and objectives. (NRB)

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INTERDISCIPLINARY TRAINING FOR THE CARE
OF THE ELDERLY AND THEIR FAMILIES:
Curriculum Guide

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CURRICULUM GUIDE

(Revised 5/22/80)

INTERDISCIPLINARY TRAINING FOR THE CARE
OF THE ELDERLY AND THEIR FAMILIESINTRODUCTION

The purpose of this paper is to propose competency areas, goals, and objectives for the interdisciplinary training of health and social service undergraduate, graduate, and post-graduate students at the University of Washington. This curriculum guide, which was developed by faculty presently involved in Institute on Aging projects, is intended for use by all faculty who are designing, implementing and evaluating courses and clinical training experiences for the care of the elderly and their families. While the focus of the goals and objectives is on interdisciplinary training, this guide may also be useful to faculty who are interested in adapting existing courses and clinical experiences or developing additional courses and clinical experiences within their disciplines.

It is recognized that the degree and intensity of student involvement in training experiences will range from minimal involvement within the student's discipline to optimal interdisciplinary participation (See Table 1). Student involvement will be determined by a number of factors including faculty advisement, available curricula, interests of students, and faculty commitment to provide educational opportunities. The student with minimal involvement will elect one or two courses or focus part of a course on aging or chronic illness within his/her own department or school. The student who demonstrates a commitment to working with the elderly and their families may elect a concentration or major portion of coursework within his/her department, relevant conjoint courses and courses offered through other departments or schools. This type of student may also devote a major portion of his/her clinical training experience to interdisciplinary involvement in settings representing the continuum of care for the elderly and their families: hospital-based care; nursing-home care; community-based care; and home-based care.

The objectives are intended to reflect basic competencies expected of a student who chooses a career working with the elderly and their families. The student with minimal involvement is not expected to meet all the objectives in this guide. Faculty who use this guide may want to adapt some or all of the knowledge objectives to more closely reflect the specific needs and interests of students in their courses or clinical training experiences.

The needs of the chronically impaired elderly are addressed as the primary foci of these goals and objectives. However, the knowledge, skills, and values identified in this guide are equally appropriate to addressing the needs of all elderly people. The six competency areas together begin to address not only presenting health and social service problems but also the mental health and well being of the older person.

Health promotion, illness prevention, and treatment strategies/interventions (competency area IV) represent levels of care appropriate to meeting the diverse needs of elderly persons. Although each of these approaches is based upon a different theoretical and philosophical orientation toward health care, it is essential that students be knowledgeable about all three so that the most appropriate choice or combination of approaches may be utilized.

The research upon which these goals and objectives are based is still limited. Recognizing gaps and deficiencies, developing alternatives, and transmitting research findings into practice are integral parts of the student learning experience. Stimulating the development of new knowledge in each competency area is a particularly important emphasis with respect to the graduate and post-graduate student.

This curriculum guide will undoubtedly be revised numerous times based upon feedback from those faculty using it. We encourage this feedback and revision and look forward to the process of mutually defining what it is that we want future professionals to know and do in order to provide comprehensive and humanistic care to the elderly and their families.

Editors:

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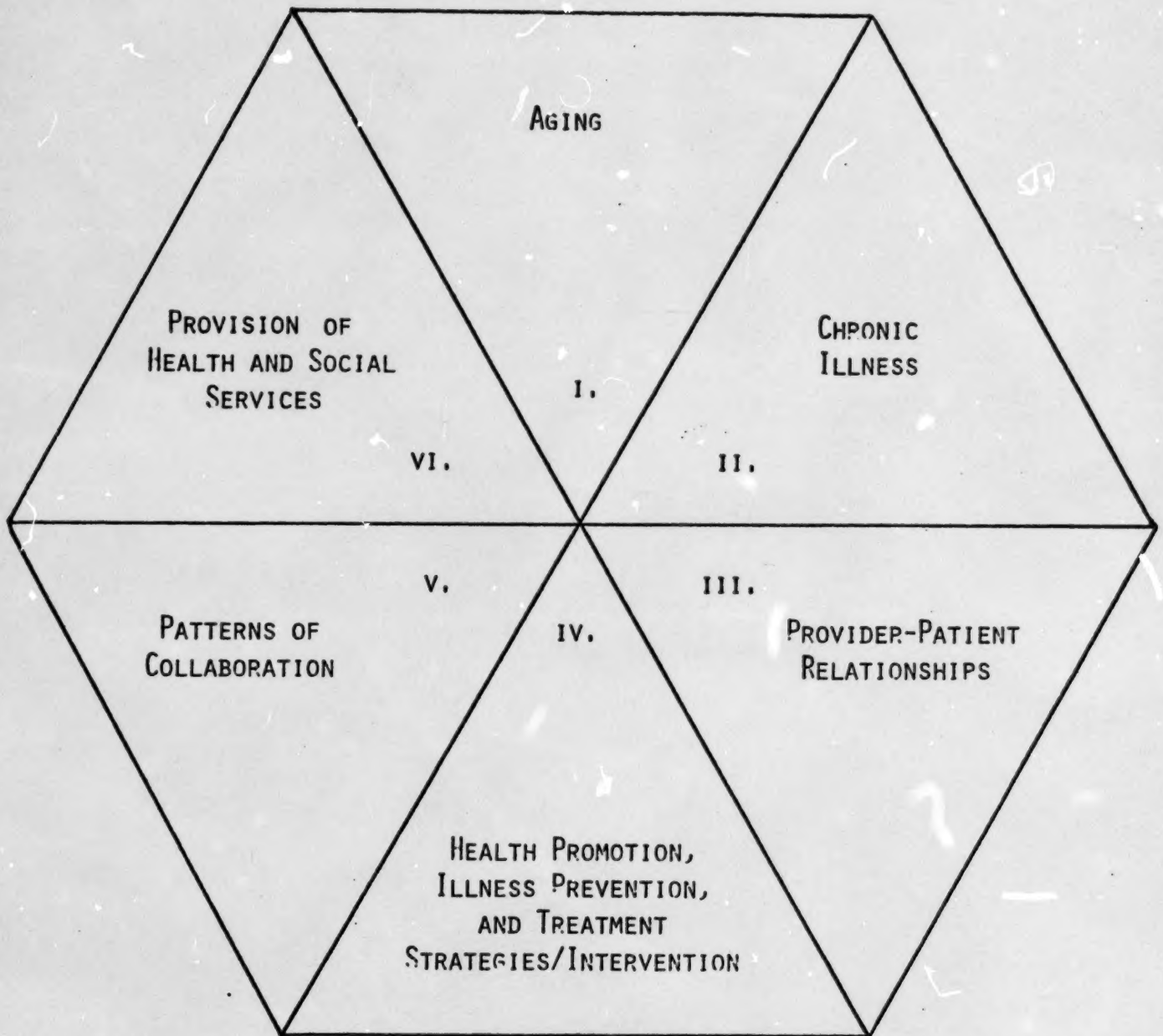
Table 1
Level of Student Involvement in Courses
and Clinical Training Experiences and with Other Disciplines

Levels of Involvement	Courses and Clinical Training Experiences	Intradisciplinary-Interdisciplinary
Level I: Minimal Involvement	• a part of a course or one or two courses in Aging and Chronic Illness elected within own discipline • little or no clinical experience	Intradisciplinary: works primarily within own discipline
Level II: Moderate Involvement	• several courses in Aging and Chronic Illness elected within own discipline • one or two conjoint courses or courses in Aging and Chronic Illness elected from other disciplines • some clinical experience in one of the care-providing settings	Multidisciplinary: ¹ • shared patients • may have common patient record • parallel or serial treatments
Level III: Optimal Involvement	• concentration or major portion of coursework in Aging and Chronic Illness within own discipline • several conjoint courses • several courses in Aging and Chronic Illness elected from other disciplines • several courses in other competency areas elected within own discipline and from other disciplines • major portion or all of clinical experience in several settings along the continuum of care provided to elderly persons and their families	Interdisciplinary: ² • size and composition of work force determined by the task • common patient pool • common patient record • group decisions on treatment plans, and plans for follow up

¹ Multidisciplinary refers to parallel or serial activities by different discipline members. Participants are required to have discipline-specific expertise. Independent decision making occurs within a basically "confederated" organization, with feedback sufficient to minimize major incongruence in diagnosis and management of task completion. (Anderson, et. al., Interdisciplinary Health Team Project, project report for HEW, 1979.)

² Interdisciplinary refers to the joining of essentially dissimilar perspectives and skills into a cohesive fraternity of experts, in which the product is a synthesis of multiple contributions. Discipline members are expected to be present and return their discipline-specific expertise and perspective, but add a generalist dimension associated with some blurring of territories in the areas of shared activities. No problem area becomes the exclusive concern or property of one discipline. Problems are defined on the basis of shared data and perspectives, with group ownership of decision and plans. Interaction is sufficient to assure consensus and continuity in the contributions of each participant. (Anderson, et. al., Interdisciplinary Health Team Project, project report for HEW, 1979.)

INTERDISCIPLINARY TRAINING FOR THE CARE OF THE ELDERLY
COMPETENCY AREAS



GOALS

I. Aging:

Increase knowledge of physical, psychological, social, cultural, and economic aspects of the aging process.

II. Chronic Illness:

Increase knowledge of physical, psychological, social, cultural and economic aspects of chronic illness.

III. Provider-Patient Relationship:

Increase skills in responding to the complex set of physical, psychological, social, cultural, and economic needs of elderly persons and their families.

IV. Health Promotion, Illness Prevention, and Treatment Strategies/
Interventions:

Increase understanding and utilization of health promotion, illness prevention, and treatment strategies/interventions administered to elderly persons and their families.

V. Patterns of Collaboration among Professionals:

Increase disciplinary, multidisciplinary, and interdisciplinary collaboration in meeting the total needs of elderly persons and their families.

VI. Provision of Health and Social Services:

Increase skills in the provision of health and social services to elderly persons and their families.

OBJECTIVES

I. Aging

A. Knowledge:

1. Explain social, economic, political, psychological, physiological, and cultural factors which influence the health, social well-being, and behavior of elderly persons.
2. Summarize developmental changes experienced as one ages.

B. Skills

1. Complete a needs assessment for specific individuals or a target population.
2. Develop treatment plans and program plans which reflect an understanding of the aging process.
3. Implement treatment and program plans.
4. Evaluate effectiveness of treatments and programs serving elderly persons and their families.

C. Values

1. Demonstrate positive attitudes toward elderly persons and their families.
2. Show interest in working with elderly persons and their families.
3. Demonstrate sensitivity to the social, economic, psychological, physiological, familial, and cultural aspects of aging.

OBJECTIVES (continued)

II. Chronic Illness

A. Knowledge

1. Explain the process of chronic illness as it impacts on elderly persons and their families.
2. Discuss the relationships of aging and multiple chronic illnesses.

B. Skills

1. Complete a needs assessment of specific individuals and/or for a target population.
2. Develop treatment plans and program plans which reflect an understanding of the needs of elderly persons and their families.
3. Implement treatment or program plans.
4. Evaluate the effectiveness of treatments and/or programs serving the chronically ill.

C. Values

1. Demonstrate positive attitudes toward chronically ill elderly persons and their families.
2. Show an interest in working with chronically ill elderly persons and their families.
3. Demonstrate sensitivity to the social, economic, psychological, physiological, and cultural aspects of chronic illness which influence the health, social well-being, and behavior of the chronically ill.
4. Encourage self-responsibility for health care to develop and maintain the highest possible level of independence.

OBJECTIVES (continued)

III. Provider-Patient Relationship

A. Knowledge

1. Summarize the roles, responsibilities and relationships of providers with elderly persons and their families.
2. Discuss how to involve elderly persons and their families in the planning, implementation, and evaluation of treatment.
3. Explain the psychological, social, cultural, and economic nature of a specific individual's illness as well as the physiological problems.
4. Differentiate the human and legal rights and responsibilities of elderly persons and their families.
5. Discuss the formal and informal support system of elderly persons and their families.
6. Differentiate the ethical rights and responsibilities of each profession.

B. Skills

1. Interact effectively with the elderly in order to assess problems and plan, implement, and evaluate care.
2. Assess impact of one's behaviors upon elderly persons and their families and adapt own behavior accordingly.
3. Apply one's professional code of ethics to the care of elderly persons and their families.
4. Adapt communication with elderly persons and their families in response to their nonverbal behavior.

C. Values

1. Appreciate the commonalities and differences in values, background and experience within and between elderly persons, their families and providers.
2. Value the right of elderly persons and their families to choose from alternatives.
3. Encourage the involvement of elderly persons and their families in planning, implementing, and evaluating care.
4. Value the code of ethics of each profession.

OBJECTIVES (continued)

IV. Health Promotion, Illness Prevention, and Treatment Strategies/
Interventions

A. Knowledge:

1. Compare the major strategies/interventions of each health and social service profession.
2. Summarize strategies/interventions common to various health and social services professions.
3. Explain the theoretical principles underlying the strategies/interventions of one's profession.
4. Discuss the relationships of strategies/interventions among health and social service professions.
5. Differentiate the costs and benefits of various strategies/interventions.

B. Skills

1. Apply the appropriate strategy/intervention or combination of strategies/interventions to meet needs of elderly persons and their families.
2. Collaborate with other providers to develop and implement an integrated treatment or program plan.
3. Demonstrate disciplinary skills.

C. Values

1. Value of strategies/interventions of one's profession.
2. Value of strategies/interventions of other professions.

OBJECTIVES (continued)

V. Patterns of Collaboration Among Professionals

A. Knowledge

1. Explain the roles, responsibilities, and interrelationships of health and social service professionals providing care to elderly persons and their families.
2. Differentiate the costs and benefits of various methods of organizing professional resources to provide care, including interdisciplinary care.
3. Compare and contrast disciplinary, multidisciplinary, and interdisciplinary health care.
4. Discuss organizational implications of interdisciplinary collaboration.

B. Skills

1. Collaborate effectively with colleagues within and among disciplines.
2. Demonstrate skills in the use of consultants.
3. Organize and utilize appropriate professional resources for accomplishing any specific task.
4. Work within an organizational structure to promote effective interdisciplinary collaboration of health and social service professionals.

C. Values

1. Appreciate and respect the knowledge, skills, and values of other professionals.
2. Show interest in the interdisciplinary approach to providing services to the elderly.
3. Value the flexible structuring of human resources to meet the needs of the individual elderly person.
4. Support the goals of the interdisciplinary team in preference to individual goals.

OBJECTIVES (continued)

VI. Provision of Health and Social Services

A. Knowledge

1. Summarize the formal and informal health and social services available to meet the needs of elderly persons and their families.
2. Discuss the roles, relationships, and organizational patterns of service to elderly persons and their families.
3. Explain the factors which influence the individual's entry into and progression through the service system.
4. Compare the organizational structures and relationships among components of the reimbursement, health, and social service systems relating to elderly persons.
5. Explain how various settings in the continuum of care impact on delivery of health and social services to elderly persons and their families.
6. Discuss major issues and trends in the provision of long-term care.

B. Skills

1. Utilize formal and informal resources effectively and appropriately in the provision of services to elderly persons.
2. Facilitate linkage between organizations in order to provide more comprehensive and coordinated services.
3. Advocate the needs of elderly persons and their families in order to bring about system-oriented change.

C. Values

1. Appreciate the need for a comprehensive and coordinated delivery system.
2. Appreciate need for tailoring services to the individual.